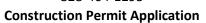


Conover Fire Department Office of Fire Marshal

1225 Conover Blvd East/ PO Box 549, Conover, NC 28613 828-464-1295





Тур	e of Syst	em (or E	quipm	ıer	nt an	d W	orl	K
	_		_						

Fire Suppression System: () New Install	() Renovation / Modification Existing
Sprinkler System: () New Install	() Renovation / Modification Existing
	otage for new install only
Fire Alarm System: () New Install	() Renovation / Modification Existing
	otage for new install only
Flam/ Comb Liquids Storage Tank(s) () New Instal () Aboveground () Undergrou	·
Other:	
Description of work: Plans s	submitted () Yes () No
Project Information: (Must have complete address: nu	umerical, street name, and quadrant)
Project Name:	
Project Address:	
Fire Protection Contractor Information: (Name of com	pany applying for permit)
Contractor:	
Telephone # Email <i>i</i>	Address:
Billing Address:	
NC State License #	Class(es)
state and local codes and laws regulating the work. All	pection of work described and agrees to comply with all applicable fees are in accordance to the fee schedule based on type of E FEES WILL BE CHARGED WHEN WORK IS STARTED PRIOR TO
Applicant Name	Date
Applicant signature	
Fire Marshal's Office Use Only	
Reference #/ Permit #	Paid